

Declaration and Power of Attorney for Patent Application

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Surgical Microscope, the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119, of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

<u>Prior Foreign Application(s)</u>			<u>Priority Claimed</u>	
<u>100 06 095.1</u> (Number)	<u>Federal Republic of Germany</u> (Country)	<u>11 Feb 00</u> Date Filed	<u>X</u> Yes	<u> </u> No
<u> </u> (Number)	<u> </u> (Country)	<u> </u> Date Filed	<u> </u> Yes	<u> </u> No

As a named inventor, I hereby appoint the following attorney to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Walter Ottesen
Reg. No. 25,544

Direct all telephone calls to Walter Ottesen at telephone no. (301) 869-8950 and address all correspondence to:

Walter Ottesen
Patent Attorney
P.O. Box 4026
Gaithersburg, Maryland 20885-4026

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor Christoph Hauger

Inventor's signature _____ Date _____
Residence 73431 Aalen, Federal Republic of Germany
Country of Citizenship Federal Republic of Germany
Post Office Address Hegelstrasse 146, 73431 Aalen
Federal Republic of Germany

Full name of second joint inventor, if any Ulrich Gold

Inventor's signature _____ Date _____

Residence 73433 Aalen, Federal Republic of Germany

Country of Citizenship Federal Republic of Germany

Post Office Address Topasstrasse 5, 73433 Aalen
Federal Republic of Germany

Full name of third joint inventor, if any Christian Lücke

Inventor's signature _____ Date _____

Residence 73447 Oberkochen, Federal Republic of Germany

Country of Citizenship Federal Republic of Germany

Post Office Address Scheinerstrasse 5, 73447 Oberkochen
Federal Republic of Germany

Full name of fourth joint inventor, if any Margit Krause-Bonte

Inventor's signature _____ Date _____

Residence 73432 Aalen, Federal Republic of Germany

Country of Citizenship Federal Republic of Germany

Post Office Address Posener Strasse 16, 73432 Aalen
Federal Republic of Germany

Full name of fifth joint inventor, if any Dirk L. Brunner

Inventor's signature _____ Date _____

Residence 73432 Aalen, Federal Republic of Germany

Country of Citizenship Federal Republic of Germany

Post Office Address Heulenbergweg 36, 73432 Aalen
Federal Republic of Germany

Full name of sixth joint inventor, if any Martin Pelzer

Inventor's signature _____ Date _____

Residence 89551 Zang, Federal Republic of Germany

Country of Citizenship Federal Republic of Germany

Post Office Address Lichtensteinstrasse 54, 89551 Zang
Federal Republic of Germany